

STATE OF WISCONSIN, CIRCUIT COURT,
_____ COUNTY

IN THE MATTER OF THE ESTATE OF

**Transfer by Affidavit
(\$20,000 and under)**

Social Security Number

Register of deeds recording area

Name and return address

parcel identification number

Note: Use for deaths occurring on May 9, 2000 or after. Use black ink only.

Under oath, I state that:

1. The decedent, whose date of birth was _____, and date of death was _____, died domiciled in _____ County, State of _____, with a post office address of: _____.

2. I am: ☐ the person who was guardian of the decedent at the time of the decedent's death.
☐ an heir, being a _____ of the decedent.
Relationship

3. The total value of the decedent's solely owned property in Wisconsin on the date of death was \$ _____ and did not exceed \$20,000.

4. The total value of the decedent's property in Wisconsin at the date of decedent's death was \$ _____.

5. The decedent:
☐ did ☐ did not receive medical assistance.
☐ did ☐ did not receive family care benefits (through a Care Management Organization – CMO).
☐ did ☐ did not receive benefits from the Community Options Program (COP).
☐ did ☐ did not receive benefits from the Wisconsin Chronic Disease Program.
☐ was ☐ was not patient or inmate of a state or county hospital or institution, or responsible for any person owing an obligation to the state or county. If so, explain: _____

6. If the decedent was ever married, complete the following: ☐ If more than one spouse, see attached.
Name of spouse (☐ living or ☐ deceased): _____
☐ did ☐ did not receive benefits from the Community Options Program (COP).
☐ did ☐ did not receive benefits from the Wisconsin Chronic Disease Program.

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7. I ask that the following property be transferred to me under §867.03(1g), Wisconsin Statutes:

DESCRIPTION OF PROPERTY TO BE TRANSFERRED (If real estate, list legal description and tax parcel number.)	VALUE

If this affidavit describes an interest in, or lien on real property, a certified copy or duplicate original of the affidavit must be recorded with the register of deeds in each county in Wisconsin in which the real property is located.

Subscribed and sworn to before me
on _____

Notary Public/Court Official

My commission expires: _____

Signature

Name Printed or Typed

Address

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TRANSFER BY AFFIDAVIT (§867.03, Wisconsin Statutes)

(1c) DEFINITION. In this section, "guardian" has the meaning given in §880.01(3).

(1g) GENERALLY. When a decedent leaves solely owned property in this state which does not exceed \$20,000 in value, any heir of the decedent or person who was guardian of the decedent at the time of the decedent's death may collect any money due the decedent, receive the property of the decedent and have any evidence of interest, obligation to or right of the decedent transferred to the affiant if the heir or guardian provides to the person owing the money, having custody of the property or acting as registrar or transfer agent of the evidences of interest, obligation to or right, or, if the property is an interest in or lien on real property, provides to the register of deeds preliminary to the recording required under sub. (2m), proof of prior mailed notice under sub. (1m) if applicable and an affidavit in duplicate showing all of the following:

(a) A description of and the value of the property to be transferred.

(b) The total value of the decedent's property in this state at the date of decedent's death.

(c) Whether the decedent or the decedent's spouse ever received the family care benefit under §46.286, medical assistance under subch. IV of ch. 49, long-term community support services funded under §46.27(7) or aid under §§49.68, 49.683 or 49.685.

(1m) NOTICE OF AFFIDAVIT. (a) Whenever an heir or person who was guardian of the decedent at the time of the decedent's death intends to transfer a decedent's property by affidavit under sub. (1g) and the decedent or the decedent's spouse ever received the family care benefit under §46.286, medical assistance under subch. IV of ch. 49, long-term community support services funded under §46.27(7) or aid under §§49.68, 49.683 or 49.685, the heir or person who was guardian of the decedent at the time of the decedent's death shall give notice to the department of health and family services of his or her intent. The notice shall include the information in the affidavit under sub. (1g) and the heir or person who was guardian of the decedent at the time of the decedent's death shall give the notice by certified mail, return receipt requested.

(b) An heir or person who was guardian of the decedent at the time of the decedent's death who files an affidavit under sub. (1g) that states that the decedent or the decedent's spouse received the family care benefit under §46.286, medical assistance under subch. IV of ch. 49, long-term community support services funded under §46.27(7) or aid under §§49.68, 49.683 or 49.685 shall attach to the affidavit the proof of mail delivery of the notice required under par. (a) showing delivery date that is not less than 10 days before the day on which the heir or person who was guardian of the decedent at the time of the decedent's death files the affidavit.

(2) RELEASE OF LIABILITY OF TRANSFEROR. Upon the transfer to the heir or person who was guardian of the decedent at the time of the decedent's death furnishing the affidavit with an attached proof of mail delivery if required under sub. (1m) (b), the transferor is released to the same extent as if the transfer had been made to the personal representative of the estate of the decedent.

(2m) RECORDING OF AFFIDAVIT. (a) If an affidavit under sub. (1g) describes an interest in or lien on real property a certified copy or duplicate original of the affidavit shall be recorded in the office of the register of deeds in each county in this state in which the real property is located.

(b) For purposes of a transfer under this section of an interest in or lien on real property, the recording of the affidavit copy or duplicate original constitutes the transfer to the affiant under sub. (1g) of the evidence of the interest in or lien on real property.

(3) APPLICABILITY. This section is additional to §109.03(3) for payment of decedent's wages by an employer directly to the decedent's dependents.

Address for: Department of Health and Family Services
Estate Recovery Program
P. O. Box 309
Madison, WI 53701-0309

This form applies to deaths occurring on May 9th, 2000, or thereafter.